

# JUST THE FACTS

## SUICIDE

AN EDUCATIONAL FACT SHEET FROM  
THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION

### WHAT IS SUICIDE?

A suicide is a death caused by a self-inflicted, intentional action or behavior. Across all age groups in the United States, firearms consistently account for nearly 60% of all suicide deaths. It is the method of choice for both men and women, followed by drugs for women and hanging for men. When firearm availability is limited, hanging, suffocation and poisoning are most frequently reported methods of suicide.

### ADOLESCENCE

One of the most basic facts about suicide is that its risk increases as a function of age. Completed suicide is still rare among children under the age of 12 and becomes more common after puberty, with its incidence increasing in each of the adolescent years. Adolescents particularly at-risk frequently: are the offspring of affectively ill or substance-abusing parents; are the offspring of suicides and suicide attempters; have close contact with suicides and suicidal people; are abused and neglected children; and/or are children who have recently been under severe stress.

The lifetime prevalence rates for depression appear to be higher for adolescents and young adults today than previous generations at the same age. One of the causes of this increase seems to be the lowering of the age of onset for depressive disorders. Another key factor is the availability of both alcohol and other drugs and firearms, which are often used together for completed suicides.

There are many ways adolescent suicide can be prevented. Some specific skills that focus on individual adolescents at risk are: depression management, anger and aggression management, loneliness prevention, interpersonal problem-solving and help-seeking behaviors. Competency enhancement, such as decision making and anxiety management are good prevention techniques, as is critical viewing, which teaches adolescents how resolve conflict without resorting to the violent methods often promoted through the media.

Community based prevention programs which target larger groups of adolescents at risk

include school dropout programs, early detection and referral information for dysfunctional families, surrogate role model programs like Big Brother or Big Sister and media guidelines for reporting suicides. Suicides inappropriately reported through the media often create a very negative and contagious impact on at-risk youth, who may imitate this behavior to commit suicide themselves.

Parents and other caretakers must also be trained about suicide warning signs, peer support programs, crisis centers and hotlines, professional mental health services, substance abuse warning signs and treatment and restricting potentially lethal weapons used for suicide, such as firearms. Nearly two thirds of all youth suicides are by use of available firearms.

### YOUNG ADULTS

The rate of suicides in young adults age 18-30 has more than doubled since 1950, primarily due to the increase of suicides by young men. Marriage does not function as a protective factor in this age group, as often the young marriage is a result of impulsivity or an escape from poor family life. Losing a wife raises the suicide risk for all age groups, but it is most pronounced in young men less than 34 years old. Divorce also increases the potential suicide risk of young men, but at a lower rate.

As with other age groups, mental illness is cited as the primary cause of attempted or completed suicides in young adults. Mental illness may include mood disorders, schizophrenia or personality disorders. Nearly 20% of men and women diagnosed with major depression or bipolar disorders die by suicide. The deadly combination of alcohol, other drugs and firearm availability also greatly increase the risk of suicide in young adults as well as adolescents.

Other populations within the young adult group which are more likely to commit suicide are individuals with a major illness such as AIDS or cancer, and also Native Americans, who are greatly stressed and displaced by the dominant American culture. Native Americans also have a very high rate of alcoholism, which contributes to their risk of suicide.

Protective measures for this age group include treatment for alcohol or other drug abuse, mental

illness and removing firearms from the homes of both mentally ill individuals and alcoholics, as well as drug users. Family members and close friends of an individual at-risk should monitor any major changes which could increase the likelihood of suicide, such as a broken relationship, major medical illness, job loss or major financial or legal difficulties. For Native Americans, providing individual and community support systems which reinforce Native American heritage, health and employment aid in decreasing the number of suicides. Providing strong alcohol prevention education is also beneficial.

## ADULTS

Risk factors for suicide greatly escalate or peak for adults aged 30-65. Many adults cannot negotiate the adjustments necessary in mid-life, such as unfulfilled dreams and plans from youth, the aging process, job plateauing, divorce or unresolved developmental issues. Suicides by women are highest in this age group, partially due to mothering and nurturing disconnections, such as children leaving home and menopause. Male executives and mid-life males in crisis or burnout are also more likely to commit suicide, as well as middle aged alcoholics/drug abusers and those acutely depressed/mentally ill. Often the warning signs for these adults are not seen as they are not in institutions or schools where they can be readily observed.

Interventions for mid-life adults primarily revolve around treatment for specific disorders, particularly depression. A combination of outpatient treatment, antidepressants and supportive psychotherapy can often put mid-lifers on the right track. Substance abuse treatment is also a very important component if alcohol or other drugs are a problem. Adults must receive support in negotiating their current and future life stages and clear up any developmental concerns that impair progress. Resolving financial and employment concerns and marital difficulties through respective counseling can aid in preventing adult suicides.

## ELDERLY

Suicide rates by age are the highest among the elderly aged 65-99. Some of the factors that may produce suicidal behavior in this group are: depression; alcohol/drug abuse, including prescription abuse; a physical or terminal illness; loneliness and social isolation; difficulties with retirement and finances; the death of family members and friends; and the

loss of independence. The elderly often do not have specific social or job roles which provide support, a sense of usefulness, and promote well-being. Elderly widowers comprise a very high risk group, more so than widows. This is attributed to both greater social isolation among widowers and the loss of emotional and social support provided by their wives.

Maintaining close family ties with available relatives, involvement in community groups such as volunteer organizations and access to good medical and mental health care provide substantial protection from suicide by the elderly. Careful monitoring of prescription drugs and observance of any signs of alcohol/drug abuse also function as prevention measures, as does referral to bereavement support groups for the elderly who have lost loved ones.

On a societal level, the elimination of negative attitudes toward the elderly and the glorification of youth, particularly in the media, would help the elderly maintain their dignity as well as their health. Especially in the United States, where the demographics indicate a large aging and elderly population, the promotion of the elderly as useful and viable citizens is very important.

## WARNING SIGNS

The most common signals of suicide are sometimes very obvious but often overlooked. If you or someone you care about exhibit these warning signs, contact a crisis hotline or mental health professional who can provide you with guidance and support. Danger signals include:

- ☐ A previous suicide attempt/threat of suicide
- ☐ Depression or other mental illness
- ☐ Alcohol/substance abuse
- ☐ Prescription drug abuse
- ☐ Dramatic change in school or work performance
- ☐ Withdrawal from family and friends
- ☐ Serious physical/life-threatening illness
- ☐ Recent suicide in family or friends
- ☐ Death of a spouse or divorce
- ☐ Deep or prolonged grief over any loss



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**FOR MORE INFORMATION CALL THE FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION RESOURCE CENTER  
1030 EAST LAFAYETTE STREET, SUITE 100, TALLAHASSEE, FLORIDA 32301 TEL: (850) 878-2196 • WWW.FADAA.ORG**